

Case Number:	CM15-0174438		
Date Assigned:	09/16/2015	Date of Injury:	08/14/2012
Decision Date:	10/16/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/04/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58-year-old male, with a reported date of injury of 08-14-2012. The diagnoses include right knee degenerative joint disease, right knee internal derangement, status post right knee surgery, right knee pain, left knee internal derangement, left knee pain, left knee sprain and strain, and status post left total knee replacement. Treatments and evaluation to date have included Voltaren gel, Naproxen, and non-steroidal anti-inflammatory drugs (NSAIDs). The diagnostic studies to date have not been included in the medical records provided for review. The progress report dated 05-27-2015 indicates that the injured worker had right knee pain. A physical examination showed tenderness upon palpation of the right knee; medial joint line tenderness of the right knee; restricted right knee range of motion in all directions due to pain; crepitus of the right knee; normal muscle strength in all limbs; abnormal heel and toe walking with reduced balance; and absent bilateral Clonus, Babinski, and Hoffmann signs. The injured worker was provided a prescription for Pennsaid 2% (one month supply), with one refill, to be applied twice a day. It was noted that the medication provided 40% decrease of the injured worker's inflammatory knee pain with 40% improvement of his activities of daily living. It was also noted that the injured worker was on an up-to-date pain contract, and his "previous UDS was consistent." The medication had no adverse effects, and the injured worker showed no aberrant behavior with this medication. The injured worker is retired. The medical report dated 06-15-2015 indicates that the injured worker had pain in the both knees. The objective findings include full extension of the left knee and flexion at about 110 degrees, and right knee extension at 165 degrees, and right knee flexion at 120 degrees with pain. The request for authorization was dated 07-28-2015. The treating physician requested Pennsaid 2%. On 08-06-2015, Utilization Review (UR) non-certified the request for Pennsaid 2%.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Pennsaid 2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The MTUS guidelines on Topical Analgesics describe topical treatment as an option; however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. In this case, the most recent note indicates that the patient is tolerating oral medication but prefers topical. There is no evidence of GI distress or elaboration as to why topical medications are needed in addition to 550 mg Naproxen. Additionally, the topical dosing of NSAIDs with oral Naproxen is concerning, and therefore the request is not considered medically necessary.